

CLAIMS ONLY							Application Number 10401999	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
1	1							
2		1						
3	1							
4	1							
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Total Indep	3							
Total Depend	5							
Total Claims	8							